PAYMENT: Complete   Partial   Partial	Payee's Account No.	(State) ES let or Federal supply	QUANTITY	UNIT	COPY PRICE Per	/ 4 / OF AM Doll
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No. and Date of Order    Date of Delivery or Service   Dis	(Payee)  (City)  ARTICLES OR SERVIC (Enter description, item number of contraschedule, and other information deecount Terms	(State) ES	QUANTITY	<del></del>		Doll
No. and Date of Order  Date of Delivery or Service  Dis  PAYMENT:  Complete  Partial  Partial	(City)  ARTICLES OR SERVIC (Enter description, item number of contraschedule, and other information dee	(State) ES act or Federal supply	QUANTITY	<del></del>		Dol
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Final	Use continuation sheet(s) if n			<u> </u>		
Shipped from to	Weight just and that payment has not been recei	Government B/L No	ayee must NO	T 1180 this	Total	\$
(S	ign original only)  hen a like certificate is made by payee on a					- 18
Per	hen a like certificate is made by payse on s	Ar	nount verified; ignature or init	C .0	·	-
Contract No.	Date Req. N	).	Date	I:	nvoice Rec'	d
Pursuant to authority vested in me, I cert	ify that this account is correct and proper					
† Approved for \$	 Sign	†	(Authori	zed Certify	ing Officer)	
Ву		Title				
Title		Date				
	RM MUST BE EXECUTED WHEN PURCHASES ARE MA	OF OR SERVICES SECURED W	THOUT WRITTEN	AGREEMENT	W IND PORTS	
THE RETERDE OF THIS TO	RM MUST BE EXECUTED WHEN PURCHASES ARE MA	L ON SERVICES SECONDS			IN ANI PUKM	

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